

MARLBORO CENTRAL SCHOOL DISTRICT

1510 Route 9W, Suite 201-202

Marlboro, NY 12542

APPLICATION FOR SUBSTITUTE TEACHING

****Please Attach a Copy of any Teacher Certifications Issued****

Date _____ Certification Area _____

Name _____ Phone #'s _____

Address _____ Retirement # _____

_____ Social Security # _____

Email: _____ Teach ID #: _____

Fingerprint clearance with NYS Department of Education: _____ YES _____ NO _____ Pending

INSTITUTIONS ATTENDED BEYOND HIGH SCHOOL

Name	Location	Degrees Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TEACHING CERTIFICATES – Active & Pending

Title & Number	State	Subjects
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TEACHING EXPERIENCE

Name of School	Subjects, Grades	Dates From/To
_____	_____	_____
_____	_____	_____

For Office Use Only:

Reviewed by:

Date:

Comments:

Recommended for Substitute _____

Not Recommended for Substitute _____

Grade Level assigned to: _____

Phone Reference check completed: _____

Board of Education approval date: _____